FORM B10 (Official Form 10) (Rev. 4/98) United States Bankruptcy Court 61288, Houston TX 77208 (Houston Div	ICT OF TEXAS P.O.Box vision)	PROOF OF CLAIM
Name of Debtors	Case Number	
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-8741 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		United States Bankruptcy Court Southern District of Texas FILED
Name of Creditor (The person or other entity to whom the debtor owes money or property): Bruce Arisman	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	¶ - · · ·
Name and address where notices should be sent: ***********************************	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address	
-Hardhaddadhaddaddadhaddadhadadhadhadhadhadh	differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check here replaces if this claim amends a previously filed claim, dated:	
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Wetiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: 45 + 8 + 9 + 8 8 Unpaid compensation for services performed from to	
2. Date debt was incurred: Dec 1982 - For 1999	3. If court judgment, date ob	<u> </u>
4. Total Amount of Claim at Time Case Filed: \$ If all or part of your claim is secured or entitled to priority, also comple: Check this box if claim includes interest or other charges in additional charges.	on to the principal amount of the claim.	
5. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff).	 Check this box if you have an unsecured priority claim	
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate		
Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in secured claim, if any \$		
 7. Credits: The amount of all payments on this claim has been credited and de the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, cont court judgments, mortgages, security agreements, and evidence of perfection of DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your processes a stamped cold and account and account and account and account and account account and account account and account account account and account account account account and account acco	cases commenced on or after the date of aceducted for has promissory tracts, of lien.	
enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or oth (attach copy of power of attorney, if any): The stamped of claim. Sign and print the name and title, if any, of the creditor or oth (attach copy of power of attorney, if any): The stamped of claim.	ner person authorized to file this claim	
Penalty for presenting fraudulent claim: Fine of up to \$500,00	· · · · · · · · · · · · · · · · · · ·	18 U.S.C. §§ 152 and 3571.